History Taking and Communication Skill Stations

for Internal Medicine Examinations

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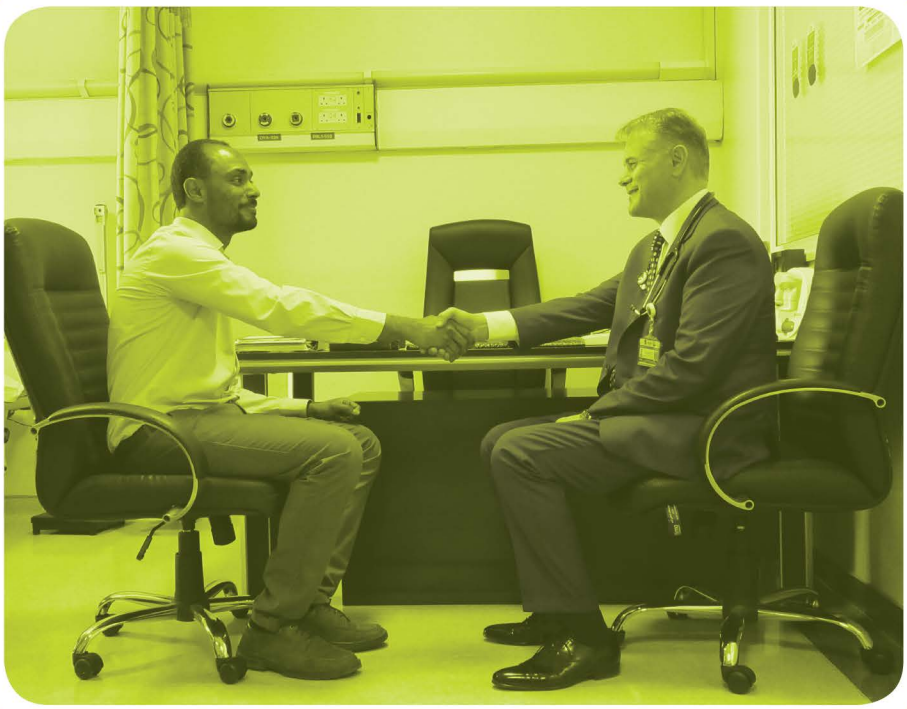

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Part 3

Communication skills

The seven-step approach to the communication skill scenario

Always read the scenario carefully and make sure you understand the instructions before you start. All the information provided is relevant. Make notes and a framework for your discussion. Sometimes a hidden agenda is incorporated, pay attention to that.

Introduction and identification

- **Prepare the environment**
  Sit at the same level as the patient with comfort and avoid barriers like tables.
- **Introduce yourself to the patient**
  Shake hands (be aware of social and religious reasons preventing some patients from shaking your hand).
  Hello Mr Z, I am doctor X, working in the medical outpatient clinic.
- **Enquire from the patient if he would like someone else to be present during the discussion**
  Can I confirm that I am talking to Mr Z?
  Would you like to invite anybody else to this discussion?
- **Confirm the objective of the interview**
  We are here today to discuss the results of your investigations and diagnosis. Is that alright?

Check patient's understanding and expectations

- Tell me Mr Z, how much do you know about your health?
- Do you know why the test was ordered for you?
- What do you suspect might be wrong with your lungs?

Discussion with the patient (information giving)

- Give the patient the information (avoid medical jargon and explain what you mean)
- Pay attention to the hidden agenda in the scenario.

Hidden agenda is important information you should discuss with the patient and is usually not mentioned directly in the scenario. It is usually related to one of the following topics:

- Effect of the disease on pregnancy and effects of pregnancy on the disease
- Use of contraceptive pills (interaction with drugs/need for birth control)
- Driving and the illness (disease interferes with ability to drive vehicles)
- Effect of the disease on occupation
- Effect of the disease on other people in the community (infectious disease)
- Alcohol and smoking
- Travel and flights (stroke, pulmonary embolism, acute coronary syndrome)
- Sexual relations
- The need for vaccination

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- The need for cancer screening/family screening
- Organ donation/do not attempt resuscitation (DNAR).

Explore and respond to the patient's concerns

Is there any question or concern you want to discuss?

Show empathy

I can understand Mr Z how difficult it is to hear that you have this condition, we are here to help you.

Summarise and confirm understanding

So Mr Z, I would like to briefly summarise our discussion as it is important for me to be sure that you have understood all the information. You were admitted to the hospital with a cough, fever, and mild breathing difficulty. Because of your long-standing history of smoking, we did some breathing function tests and these show that you have a condition called chronic obstructive pulmonary disease (COPD). Your disease is at a mild stage right now and should respond to inhalers. We will show you how to use these inhalers. It is really important that you stop smoking, have a regular flu vaccine, and enter an exercise program to help your breathing.

Is everything clear so far?

Please tell me if you want to discuss anything more at this moment.

Offer help and follow-up and close the discussion

Examples of such help and follow-up plans are:

- Should you have any further questions later, please do not hesitate to contact me on my office phone number.
- I will also arrange another appointment in 2 weeks, in case you have further questions or concerns.
- I will arrange an appointment with a colleague specialised in lung diseases to further discuss with you the treatment options.
- I will refer you to the smoking cessation clinic.
- I will also provide you with some website addresses and printed material which will give you more idea about your condition.

Do's and don'ts in communication skill (and history taking) stations

- Do read carefully the scenario in the time allocated and mark each point
- Do remember that all information given in the scenario is important
- Do introduce yourself to the patient
- Do use open-ended question at the beginning
- Do use simple language
- Do mention the purpose of the interview
- Do explain the problem and management
- Do address the patient's concerns
- Do show empathy
- Do know your limitations (refer to colleagues/seek help for ethical/legal dilemmas)
- Do summarise at the end and ask the patient if they have any further concerns
- Do not develop speech diarrhoea in the station
- Do not use medical jargon

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- Do not interrupt the patient/surrogate
- Do not confront the patient/surrogate
- Do not panic when you face an angry patient/surrogate
- Do not forget to address patient's concerns/questions
- Do not talk about your colleagues or criticise them.

Facing a difficult patient

Difficult patient encounters occur in about 15% of patients.

There are many reasons why some patients may seem difficult and include:

- Presence of underlying mood, anxiety disorder or psychosocial disorders
- Fear and anxiety regarding their current illness
- Alcoholism
- Physician's experience (less-experienced physicians report encountering more difficult patients)
- Unmet requests after healthcare visits
- Long waiting time in healthcare facilities can also create difficult patient encounters.

Difficult patient encounters may take different forms such as:

- Dealing with anxious patients
- Dealing with angry patients
- Dealing with quiet patients
- Dealing with overconfident patients or even violent patients
- Dealing with ethical dilemmas.
  Whatever the type of difficult patient encounter faced, physicians should always bear in mind that they are obliged ethically and morally to help patients and solve their medical problems, whenever possible.

How to respond to a difficult patient's encounter?

- Listen to your patient's concern or complaint, express your understanding of their feelings and emotional response to the condition and always show empathy.
- Always stay calm and professional when encountering a difficult patient.
- Use simple sentences to show your empathy. An angry patient, for example, may be reassured by a simple sentence from his/her physician such as 'I understand your frustration and I am here to help you' or 'I am sorry to hear you are frustrated, I am here to help you.'
- Avoid arguing, blaming or confronting patients. Such unprofessional behaviour may worsen a difficult situation.

Types of communication skills scenarios in postgraduate clinical examinations

Information giving/explaining

Explaining diagnosis

Common scenarios:

- Asthma
- Chronic obstructive pulmonary disease
- Idiopathic pulmonary fibrosis
- Multiple sclerosis
- Diabetes
- Hypertension
- Epilepsy
- Systemic lupus erythematosus

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- Congestive heart failure
- End-stage renal disease
- Obstructive sleep apnoea
- Myocardial infarction and prevention of recurrence
- Stroke and prevention of recurrence
- Lymphoma
- Colon cancer
- Inflammatory bowel disease
- Motor neuron disease
- Huntington's chorea
- Leukaemia.

Explaining management and treatment of a disease

- Warfarin
- New oral anticoagulants
- Low-molecular weight heparin during pregnancy
- Initiating insulin therapy.

Explaining the results of investigations

(Abnormal laboratory tests or imaging)

- Incidental finding of a solitary pulmonary nodule on CT scan
- Abnormal liver function or kidney function
- Discuss a CT/MRI scan result that shows a possibility of malignancy or a chronic illness.

Planning discharge from the hospital

- Discharge plan of a patient after acute coronary syndrome
- Discharge plan of a patient after ischaemic stroke
- Discharge plan of a patient after a massive pulmonary embolism.

Breaking bad news

- Chronic illness
- Cancer
- Discussing an acutely ill patient's condition with the family.

Dealing with angry patient and their family and managing complaints

- A son/daughter who feels his/her parent was mismanaged
- A patient who is angry because of a delay in management.

Discussing 'do not resuscitate order' and 'end-of-life issues'

- Do not resuscitate order
- Brain death
- Persistent vegetative state
- Organ donation.

Obtaining patient's consent for a procedure

- Kidney biopsy
- Enteral tube feeding (PEG)
- Liver biopsy
- Haemodialysis/peritoneal dialysis

Special legal and ethical issues

- HIV testing
- Fitness to drive
- A colleague (nurse) with a needle stick injury
- Unprofessional attitude/behaviour of a colleague
- Patient refusing treatment
- Discharge against medical advice
- Interfering relatives

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Further reading

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History Taking and Communication Skill Stations

for Internal Medicine Examinations

Arguably, history taking and communication skills are the two most difficult stations, where candidates fail not due to their lack of knowledge, but due to the inability to communicate with the 'patient' and indeed the examiner. This book has been developed from the collective and extensive experience of the authors who are all experienced postgraduate examiners. We have identified the key areas of communication, where candidates struggle, irrespective of their clinical experience. We provide multiple conversational style encounters to expose the examinee to 'a real world examination situation' where it is not a deficiency in knowledge, but the ability to communicate that knowledge, that so often lets candidates down. We have established a unique seven-step approach to enable the candidate to address complex scenarios alongside local nuances to grasp more clearly the questions and provide clear and succinct answers. We also explained to the candidates how to expose the hidden agenda that are frequently incorporated in the scenario. Our collective experience has identified 50 different scenarios for which there are concise, direct, and comprehensive responses that will ensure success in the history taking and communication skill stations. We provide typical responses expected by the examiners from candidates for whom English is not their first language. The scenarios are most frequently encountered in postgraduate clinical examinations and the model answers are in a typical conversational style expected between a doctor and a patient in the examination. We believe this is a key feature and differentiator of the current book as it places the reader in a 'real world examination situation' and will enable them to deal optimally with complex issues presented in these two most difficult stations. Although this book is intended primarily for candidates preparing for postgraduate clinical examinations, undergraduate students will also find it useful.

Features

- This book has been developed from the collective and extensive experience of authors who are all experienced postgraduate examiners.
- Uses unique multiple conversational style encounters to expose the examinee to 'a real world examination situation'.
- A unique seven-step approach has been used in communication skill scenarios to enable the candidate to address complex scenarios alongside local nuances to grasp more clearly the questions and provide clear and succinct answers.
- Explains to the candidates and enables them to expose the hidden agenda in each scenario so that candidates become familiar with them.
- Includes 50 different most commonly encountered scenarios in clinical examinations and model answers in a typical conversational style expected between a doctor and a patient in the examination.
- Provides typical responses expected by the examiners from candidates for whom English is not their first language.
- Places the reader in a 'real world examination situation'.

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